



To the Elko County Association of REALTORS®,

I hereby submit my application for a REALTOR® Membership in the above named Association and am enclosing checks for all accompanying fees and dues. One check in the amount of \$\_\_\_\_.\_\_\_\_ which includes the one-time ECAR new member setup fee of \$700.00 and the prorated national, state and local yearly dues. The other check is in the amount of \$\_\_\_\_.\_\_\_\_ which includes the one-time new member setup fee of \$300.00 and my first month of MLS dues for the Elko County Association of REALTORS®. All monies, minus a prorated amount, will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Policies, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Policies, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within the timeframe established in the Association’s Bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the Association’s Bylaws as a continued condition of membership.

\_\_\_\_\_ Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant’s certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

I hereby submit the following information for your consideration:

Legal Name:

\_\_\_\_\_

Real Estate License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Licensed/Certified Appraiser:  Yes  No Appraisal License #: \_\_\_\_\_

Office Name:

\_\_\_\_\_

Office Address:

\_\_\_\_\_

\_\_\_\_\_



Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Residence Address:  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Preferred Mailing:  Home  Office Preferred Phone:  Cell  Home

Are you presently a member of any other Association of REALTORS®?  Yes  No

If yes, name of Association and type of membership held:

\_\_\_\_\_

Have you previously held membership in any other Association of REALTORS®?  Yes  No

If yes, name of Association and type of membership held:

\_\_\_\_\_

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending?  Yes  No

If yes, please provide details as on a separate attachment.

If you are now or have ever been a REALTOR®, indicate your NAR Member Number (NRDS Number) and last year of completion of NAR’s Code of Ethics training requirement.

NRDS Number: \_\_\_\_\_

Date of Code of Ethics Training: \_\_\_\_\_

Specialty:

Residential  Commercial  Resort  
 International  Other: \_\_\_\_\_

How long with current real estate firm? \_\_\_\_\_

Number of years engaged in the real estate business: \_\_\_\_\_



Previous real estate firm (if applicable):

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**Copy of Real Estate license attached to application**

*Optional Information*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

By signing below, you have ensured all information is accurate and complete.

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Signature

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Printed Name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date

Are you a principal, partner, corporate officer or branch office manager?  Yes  No

*If yes, you must also complete pages 4-7 of this application. If no, please continue to page 7.*



**FOR DESIGNATED BROKERS/BRANCH MANAGERS**

Company information:

- Sole Proprietor       Partnership       Corporation  
 Limited Liability Company  Other: \_\_\_\_\_

Your position:

- Principal       Partner       Corporate Officer  
 Majority Shareholder       Branch Office Manager

Names of other Partners/Officers/ of your firm:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®?  Yes  No

If yes, state the basis for each such refusal and detail the circumstances related thereto:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the Office Address, as stated, your principal place of business?  Yes  No

If not, or if you have any branch offices, please indicate and give the address(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Do you hold, or have you ever held, a real estate license in any other state?  Yes  No

If so, please specify where and when:

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Have you or your firm been found in violation of state real estate licensing regulations within the last three years?  Yes  No

If yes, provide details:

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Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime?  Yes  No

If yes, provide details:

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Upon signing below, I acknowledge that I am aware of the following Bylaw:

*No active member of the Elko County Association of Realtors® shall be engaged as a broker of record for any individual, firm, partnership or corporation that employs individuals to sell real estate other than those duly licensed under the laws of the State of Nevada.” (NRS 645).*

With my signature, I also certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.

\_\_\_\_\_ *Payments to the Elko County Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.*

\_\_\_\_\_ I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



### REFERENCES

List four references, preferably local REALTORS®. Members of your own firm or Membership Committee **will not** be accepted. If out-of-area references, please provide addresses.

<b>Name</b>	<b>Business</b>	<b>Phone</b>
1.		
2.		
3.		
4.		

### EDUCATION

List all education starting from the most recent.

<b>School Name</b>	<b>City/State</b>	<b>Degree</b>	<b>Yrs. Attended</b>